

Client Information

Date: _____

Owner's name: _____ circle one: Mrs/Ms/Mr/Dr

Primary contact phone number: (____)_____ Is this home cell

Other phone number: (____)_____ Is this home cell

Would you be interested in receiving text message reminders for appointments and wellness visits? yes no

Would you be interested in receiving monthly text message reminders to administer heartworm/intestinal parasite prevention? yes Day of reminder _____ no

E-mail address: _____

Would you be interested in receiving informational e-mails from us: yes no

Home address: Street: _____

City: _____ State: _____ Zip code: _____

Drivers License Number and State: _____ Social Security Number: _____

Place of Employment: _____ Work Phone number: (____)_____

Other person(s) authorized to make medical decisions for your pet(s):

Name: _____ Primary contact phone number: (____)_____

Would this person be interested in receiving text message reminders? yes no

Name: _____ Primary contact phone number: (____)_____

Please help us by indicating how you heard of University Hills Animal Hospital?

- Other Veterinarian or Hospital (name): _____
- Humane Society (name): _____
- Friend or Acquaintance (name and phone number): _____
May we thank them for referring you to us? yes no
- I used to come here in the past
- Noticed Sign/Location
- Internet or web site: _____
- Yellow Pages Advertisement
- Pet Station
- Puppy Love Suds n Snacks
- Washington Park Profile
- Colorado Dog Magazine
- Silent Auction Item
- Other (please explain): _____

Our payment policy: payment is due at the time services are rendered for your pet. If you have questions about this policy, or our fees, please let us know **before services have been performed.**

_____ **Initials**